



## *Managing Otitis Media with Effusion in Young Children*

Otitis media is the most frequent primary diagnosis made by U.S. physicians in children younger than 15 years. A recent consensus report, by a 19-member private panel, provides guidelines for physicians to manage otitis media with effusion.<sup>1</sup> Their conclusions and recommendations: pneumatic otoscopy and tympanometry are useful diagnostic assessment procedures.

When effusion has been present for 3 months, evaluation of the child's hearing is indicated.

Most cases of otitis media with effusion resolve spontaneously—antibiotics increase the resolution rate only modestly.

For children who have had bilateral effusion for a total of 3 months or more, and a bilateral hearing loss of 20 db or worse, bilateral myringotomy is an additional treatment option; if these findings are present for 4 to 6 months, placement of tympanotomy tubes is recommended.

A number of treatments were considered and not recommended:

- Steroid medications
- Antihistamine (decongestants)
- Adenoidectomy or tonsillectomy

Because of lack of data, no recommendations could be made regarding allergy or other therapies.

### *Comment*

Otitis media with effusion seems to be increasing in frequency. The recommendations of the distinguished panel assembled by the American Academy of Pediatrics represents responsible current expert opinion, but there are all too few controlled trial data. In the future, investigators will have to look to and conduct better research, to define the efficacy of these recommendations.

(R.J.H.)

Reference

1. Stool SE, Berg AO, Berman S, et al. Managing otitis media with effusion in young children. *Quick Reference Guide for Clinicians*. AHCPR Publ. 94-0623. Rockville, MD: Public Health Service, US DHHS, July 1994.